ADULT EDUCATION
STUDENT INFORMATION DATA ENTRY FORM
ENROLLMENT INFORMATION

Provider Code Number:	**Provider Name:**

Student Name: _____
                Last   **First**   **M.I.**

Mailing Address: _____ ☐ **Check Here if No Address**
          Street   **City**   **State**   **Zip Code**

Telephone Number (___) _____	**Date of Birth:** _____ (MM/DD/YYYY)	**Gender:** ☐ Male ☐ Female	**Ethnicity Code:** ☐ American Indian or Alaskan Native ☐ Hispanic or Latino ☐ Asian ☐ Native Hawaiian or other Pac. Islander ☐ Black/African American ☐ White
Alternate Phone No. (___) _____	**Place of Birth:** _____		

Labor Status: ☐ Employed ☐ Unemployed ☐ Not in Labor Force	**Additional Status Measures:** ☐ Receiving Public Assistance ☐ Displaced Homemaker ☐ Disabled ☐ Single Parent ☐ Living in Rural Area ☐ Dislocated Worker ☐ Low Income ☐ Learning Disabled	**Individual Adult Learner Plan on File** ☐ Yes ☐ No

Program Enrollment: Date **Check Here for Bridge to 2002**	**Program Funding Sources:** (check all that apply)	**Program Entry Level :** (for HSD or GED only)

☐ ABE   _____   ☐
☐ GED   _____   ☐
☐ HSD   _____   ☐
☐ ESL   _____   ☐
☐ Family Literacy Prog. _____ ☐
☐ Workplace Lit. Prog. _____ ☐
☐ Prog. for Homeless_____ ☐
☐ Work-Based Project
    Learner _____ ☐
	☐ State School Aid-Sec. 107
	☐ Federal Adult Educ. &
	    Family Literacy
	☐ Other (Specify)
	_____
	OR
	☐ Partnership for Adult
	    Learning – Sec. 108 (100%)
		a. HSD
		
		  # Credits Previously Earned _____
		  # Credits Req. for Completion _____
		
		b. GED
		
		  # of tests previously passed _____
		    (practice or actual)

Program Type:
 	
☐ PAL Workforce Readiness
   (Employer Match)
 	
☐ Correctional Facility
 	
☐ Community Correctional
   Program
 	
☐ Other Institutional
   Setting
	Student Goals:
	Must indicate ONE primary goal. A secondary goal may also be identified.
		Primary Goal	**Secondary Goal**

	Educational Obtain a High School Diploma	☐	☐
	Obtain a GED	☐	☐
	Enroll in Postsecondary Education or Job Training	☐	☐
	Societal Obtain Citizenship Skills	☐	☐
	Improve Basic Literacy Skills	☐	☐
	Improve English Skills	☐	☐
	Register to Vote or Vote for the First Time	☐	☐
	Increase Involvement in Community Activities	☐	☐
Social Security Number: The Social Security Number (SSN) is required for students with employment-related goals. SSN: _____	**Economic** Obtain Employment/Job**	☐	☐
	Retain Employment (current job)**	☐	☐
	Improve Current Job**	☐	☐
	Achieve Work Based Project Learner Goal	☐	☐
	Family Literacy Increase Involvement in Children's Education	☐	☐
	Increase Involvement in Children's Literacy-Related Activities	☐	☐
	Other Personal Goal(s) Specify: _____	☐	☐
	Specify: _____	☐	☐
	** Social Security Number will be required.		

MICHIGAN ADULT EDUCATION REPORTING SYSTEM (MAERS)
STUDENT INFORMATION DATA ENTRY FORM

ASSSESSMENT INFORMATION

Provider Code Number:	Provider Name:

Student Name: _____

  Last   **First**   **M.I.**

Date of Birth:

_____

MM/DD/YYYY

Student Pre-Test Assessment:

Date of Test: _____   **Name of Test:** _____

  Module Name _____   **Score of Pre-Test** _____
  Module Name _____   **Score of Pre-Test** _____
  Module Name _____   **Score of Pre-Test** _____
  Module Name _____   **Score of Pre-Test** _____

Student Post-Test Assessment:

Date of Test: _____   **Name of Test:** _____

  Module Name _____   **Score of Post-Test** _____
  Module Name _____   **Score of Post-Test** _____
  Module Name _____   **Score of Post-Test** _____
  Module Name _____   **Score of Post-Test** _____

Student Progress Test:

Date of Test: _____   **Name of Test:** _____

  Module Name _____   **Score of Progress-Test** _____
  Module Name _____   **Score of Progress-Test** _____
  Module Name _____   **Score of Progress-Test** _____
  Module Name _____   **Score of Progress-Test** _____

Miscellaneous Test:

Date of Test: _____   **Name of Test:** _____

  Module Name _____   **Score of Miscellaneous Test** _____
  Module Name _____   **Score of Miscellaneous Test** _____

Purpose of Test: _____
Results of Test: _____

MICHIGAN ADULT EDUCATION REPORTING SYSTEM (MAERS)
STUDENT INFORMATION DATA ENTRY FORM

OUTCOMES AND GOAL ACHIEVEMENT INFORMATION

Provider Code Number:	Provider Name:

Student Name: _____   **Date of Birth** _____

Last   First   M.I.   MM/DD/YYYY

Student Goal Achievement: Check ALL goals achieved by this student for the program year. (See instructions for definitions)

Educational
- ☐ Obtained a High School Diploma
- ☐ Passed all GED Tests (student qualifies for certificate)
- ☐ Entered Postsecondary Education or Job Training

Societal
- ☐ Achieved Citizenship Skills or Obtained U.S. Citizenship
- ☐ Registered to Vote or Voted for the First Time
- ☐ Increased Involvement in Community Activities

Economic

                                Date
- ☐ Entered Employment   _____
- ☐ Retained Employment   _____
- ☐ Improved Current Job   _____
- ☐ Left Public Assistance
- ☐ Achieved Work-Based Project Learner Goal

Family Literacy

Increased Involvement in Children's Education
- ☐ Helped More Frequently with School
- ☐ Increased Contact with Children's Teachers
- ☐ Became More Involved in Children's School Activities

Increased Involvement in Children's Literacy-Related Activities
- ☐ Read to Children
- ☐ Visited a Library
- ☐ Purchased Books or Magazines

Other
- ☐ Achieved "Other Personal Goal" as specified in the Student Goal Section.
- ☐ None of the above goals were achieved during the reporting period.

Student Instructional Hours _____(Total number of hours attended)

HSD	**GED**
Total # of Credits Earned To Date _____	# of Tests (actual or practice) Passed To Date _____

End of Enrollment Period or Program Year Student Status

This status should be recorded at the end of this enrollment period **or** at the end of the program year (June 30).

Separation/Completion Status

Status Determination Date: _____

Check one of the following:

- ☐ S*tudent completed* the instructional period or the end of the program year and **plans to continue** in the Adult Education program within six (6) months.

- ☐ *Student completed* the instructional period or program year but **does not plan to continue** in the Adult Education program.

- ☐ *Separation before Completion* – Student left the program and **is no longer enrolled**. If this is the student's end of year status, check one or more of the reasons listed below.

☐ Illness/Incapacity/Pregnancy	☐ Entered Employment
☐ Lack of Dependent Child Care Resources	☐ Work Conflict
☐ Lack of Transportation Resources	☐ Incarcerated
☐ Family Problems	☐ Deceased
☐ Time and/or Location of Services Not Feasible	☐ No Service for 90 Consecutive Days
☐ Lack of Interest/Instruction Not Helpful	☐ Other Known Reasons
☐ Moved	☐ Unknown